



**CAMDEN COUNTY
DEPARTMENT INSPECTIONS
252-338-1919
FAX : 252-333-1603**

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE N.C.G.S. §87-14

The undersigned applicant for Building Permit No. _____ being the ☐ Contractor,
☐ Owner, ☐ Officer/Agent of the Contractor or Owner, hereby avers under penalties of perjury that
the person(s), firm(s), or corporation(s) performing the work set forth in the permit:

- ☐ has/have three (3) or more employees and has/have obtained worker's compensation insurance to
cover them;
- ☐ has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering
them;
- ☐ has/have one or more subcontractor(s) one or more subcontractor(s) who has/have their own policy
of worker's compensation covering themselves; or
- ☐ has/have not more than two (2) employees and no subcontractors

while working on the project for which this permit is sought. It is understood that the Inspection
Department issuing the permit may require certificates of coverage of workers' compensation
insurance prior to issuance of the permit and any time during the permitted work for any person, firm
or corporation carrying out the work.

FIRM NAME: _____

BY: _____

TITLE: _____

DATE: _____